

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF UTAH

In re: \_\_\_\_\_  
\_\_\_\_\_

Debtor(s).

Case No. \_\_\_\_\_

Chapter \_\_\_\_\_

Trustee: \_\_\_\_\_

AMENDMENT DECLARATION

Please circle or underline amended material when appropriate.

1. PETITION: \_\_\_\_\_ REOPENING: Yes \_\_\_\_\_ No \_\_\_\_\_ CONVERSION (13 to 7): Yes \_\_\_\_\_ No \_\_\_\_\_

**When changing debtor's address, please file separate change of address form.**

**When amending, please submit the changes/additions only!**

2. SCHEDULES: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_ F \_\_\_\_\_ G \_\_\_\_\_ H \_\_\_\_\_ I \_\_\_\_\_ J \_\_\_\_\_

Are you changing the address, amounts, etc., or adding a creditor?

**Changing \_\_\_\_\_ Adding \_\_\_\_\_ (\$26 amendment fee required for D, E, & F.)**

3. AMENDED AMOUNTS/TOTALS OF SCHEDULES: \_\_\_\_\_

4. STATEMENT OF AFFAIRS: \_\_\_\_\_

5. AMENDED CHAPTER 13 PLAN: \_\_\_\_\_

If you have amended schedules D, E, F by adding a creditor, you owe \$26.00 amendment fee. Fee attached \_\_\_\_\_

If schedules D, E, F were amended but no creditors added no fee necessary. No fee attached \_\_\_\_\_

**Reason no fee is attached** \_\_\_\_\_

**It is the debtor's responsibility to notify additional creditors by sending a 341 notice and/or Discharge Order to the creditors added to the schedules/matrix.**

A certificate of mailing to creditors should be filed with the Clerk's office (see below).

I declare under penalty of perjury that the information provided in this attached amendment is true and correct.

\_\_\_\_\_/s/\_\_\_\_\_  
Debtor Date

\_\_\_\_\_  
Debtor Date

U.S. Trustee's Office and Trustee in the case supplied copies of amendment(s)? Yes X No \_\_\_\_\_

\_\_\_\_\_/s/\_\_\_\_\_  
ATTORNEY FOR DEBTOR(S)

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the foregoing was mailed, postage prepaid, to creditors of this estate as follows (please mark the appropriate lines(s):

\_\_\_\_ 341 Notice to creditors added by this amendment.  
\_\_\_\_ Discharge Notice to creditors added by this amendment.  
\_\_\_\_ Amended Chapter 13 Plan to all creditors.

\_\_\_\_07/06/04\_\_\_\_\_  
DATED

\_\_\_\_\_/s/\_\_\_\_\_  
ATTORNEY FOR DEBTOR(S)

Form B6F  
(12/03)

In re **Lisa Dawn Bybee**

Case No. **04-27820**

Debtor

## AMENDED SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>5810514</b>  <b>Allied Data Corp.</b> <b>13111 Westheimer, Suite 400</b> <b>Houston, TX 77077-5547</b>		-	<b>2003-2004 Collection</b>			<b>974.08</b>
Account No. <b>3LSG000174</b>  <b>American Medical Collection Agency</b> <b>2269 S. Saw Mill River Rd., Bldg#3</b> <b>Elmsford, NY 10523</b>		-	<b>2003-2004 Collection</b>			<b>266.50</b>
Account No. <b>126-59042549</b>  <b>Dixie Regional Medical Center</b> <b>544 S. 400 E.</b> <b>Saint George, UT 84770</b>		-	<b>2002-2004 Services Rendered</b>			<b>3,750.45</b>
Account No. <b>251065462</b>  <b>T-Mobile</b> <b>PO Box 742596</b> <b>Cincinnati, OH 45274</b>		-	<b>2003-2004 Services Rendered</b>			<b>824.21</b>
Subtotal (Total of this page)						<b>5,815.24</b>

1 continuation sheets attached

Form B6F - Cont.  
(12/03)

In re Lisa Dawn Bybee, Debtor Case No. 04-27820

**AMENDED**  
**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>01-060-42297-9</b>			<b>2004</b>				
<b>Zions First National Bank</b>			<b>Overdraft Account</b>				
<b>Bankruptcy 232K5</b>		-					
<b>P.O.Box 30709</b>							<b>1,665.54</b>
<b>Salt Lake City, UT 84130</b>							
Account No.							
Account No.							
Account No.							
Account No.							
Account No.							
Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>1,665.54</b>
Subtotal (Total of this page)							
Total (Report on Summary of Schedules)							<b>7,480.78</b>

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF UTAH

In re: \_\_\_\_\_

\_\_\_\_\_

Debtor(s).

Case No. \_\_\_\_\_

Chapter \_\_\_\_\_

Trustee: \_\_\_\_\_

AMENDED MATRIX

File amended matrix with **ONLY** the amended creditors. File separate change of address form to change the debtor's address.

**It is the debtor's responsibility to notify additional creditors by sending a 341 notice and/or Discharge Order to the creditors added.** A certificate of mailing should be filed with the Clerk's office (see below). **If adding more than eight (8) creditors, attach a scannable list to this cover sheet rather than beginning the list on this page. The scannable list needs to be in Courier 10 pitch, Prestige Elite or Letter Gothic fonts and contain no more than four (4) lines per creditor address.**

**Matrix:** Adding\_\_\_\_\_ Correcting\_\_\_\_\_ Deleting\_\_\_\_\_

Please type the creditors' address(es) changes/additions below:

1)

2)

3)

4)

5)

6)

7)

8)

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the foregoing was mailed, postage prepaid, to the creditors added to this estate as follows (please mark the appropriate line(s):

\_\_\_341 Notice

\_\_\_Discharge Notice

\_\_\_\_\_  
DATE

\_\_\_\_\_/s/\_\_\_\_\_  
ATTORNEY FOR DEBTOR(S)